

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		ADJUDICATED		ADJUDICATED	
	CHD	DEP	CHD	DEP	CHD	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		2				
13		2				
14		2				
15		1				
16		1				
17	1					
18		1				
19		2				
20		1				
21		1				
22		1				
23	1					
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44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AD FILED		ADJUDICATED		ADJUDICATED	
	CHD	DEP	CHD	DEP	CHD	DEP
51	1					
52	1					
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98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	55					
TOTAL CLAIMS	60					